

**APPLICATION FOR SUPERVISOR  
OF OCCUPATIONAL THERAPY ASSISTANTS**

**PLEASE BE AWARE THAT THE BOARD MUST BE NOTIFIED IN WRITING WITHIN 15 DAYS  
ONCE THIS CONTRACT IS TERMINATED. ONCE THE CONTRACT WITH THE PRIMARY OT  
IS TERMINATED, THIS CONTRACT IS INVALID REGARDLESS OF ANY SECONDARY  
SUPERVISORS.**

Supervising Occupational Therapist Name \_\_\_\_\_

Address \_\_\_\_\_

South Dakota Occupational Therapist's License Number \_\_\_\_\_

Occupational Therapy Assistant Name \_\_\_\_\_

South Dakota Occupational Therapy Assistant License Number \_\_\_\_\_

South Dakota Occupational Therapy Assistant – **Number of Other Current Primary Supervisors:** \_\_\_\_\_

South Dakota Occupational Therapy Assistant – **Other Locations of OTA Practice:** \_\_\_\_\_

\_\_\_\_\_

On what basis will supervision be provided? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND PRACTICE**

**(This portion is to be completed by the primary supervising occupational therapist)**

I received my training in Occupational Therapy at \_\_\_\_\_

\_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

and have engaged in the practice of Occupational Therapy in the following places (include dates of employment) \_\_\_\_\_

\_\_\_\_\_

In what facility will the assistant be employed? \_\_\_\_\_

I certify that I have read, understand, and will comply with those sections regarding Occupational Therapy Assistants as stated in the South Dakota Occupational Therapy Practice Act.

\_\_\_\_\_  
**Primary Supervising Occupational Therapist**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Supervising Occupational Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Supervising Occupational Therapist

\_\_\_\_\_  
Date